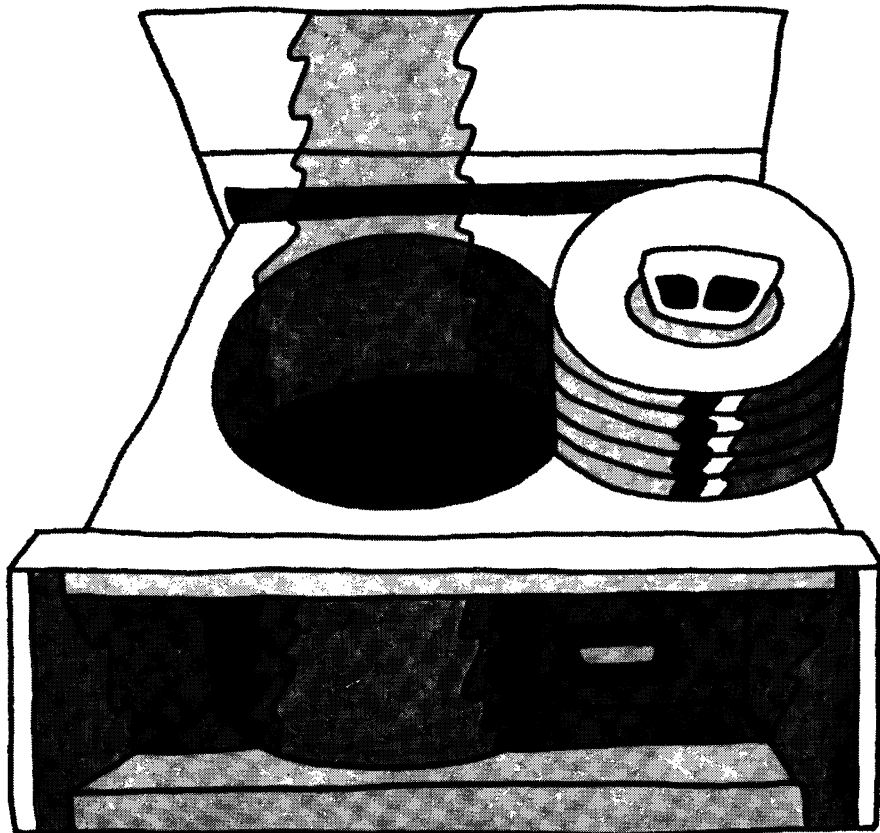


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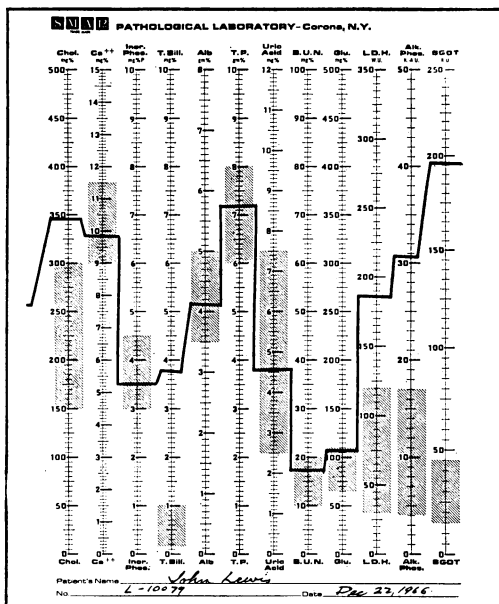
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The patient who has had a myocardial infarction is usually advised by his physician to avoid emotional excitement. All too often his family, acutely concerned, transmits its anxiety to him, urging him to "rest, rest."

How anxiety may interfere: In a study of 336 males who had suffered at least one myocardial infarction, Sigler¹ reports that manual workers showed the lowest percentage of patients returning to work, compared to clerical workers, business and professional men. The author notes that in many cases the mere apprehension that "return to work would shorten life prevents the patient from resuming activities." It is also well known that emotional disturbance is probably the most common cause of cardiac disability in postinfarction cases.¹

The anxiety factor in both *coronary* and *precoronary* patients has recently been discussed by Thomas,² who suggests: "Intensive investigation of the sources and kinds of anxiety, and how destructive forms of anxiety can be identified and relieved may be the next important step in the prevention of coronary heart disease."

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References: 1. Sigler, L. H.: *Geriatrics*, 22:(9) 97, 1967.
2. Thomas, C. B.: *Johns Hopkins Med. J.*, 122:69, 1968.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-

acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function.

Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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edited by WILLIAM G. CLARK

*Psychopharmacology Research Laboratory,
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and JOSEPH del GIUDICE

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due to acute alcohol withdrawal; ad-
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ogy, spasticity caused by upper
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stiff-man syndrome, convulsive
disorders (not for sole therapy).

Contraindicated: Known hypersensi-
tivity to the drug. Children under 6
months of age. Acute narrow angle
glaucoma.

Warnings: Not of value in psychotic
patients. Caution against hazardous
occupations requiring complete
mental alertness. When used ad-
juvantly in convulsive disorders,

possibility of increase in frequency
and/or severity of grand mal seizures
may require increased dosage of
standard anticonvulsant medication;
abrupt withdrawal may be associated
with temporary increase in frequency
and/or severity of seizures. Advise
against simultaneous ingestion of
alcohol and other CNS depressants.
Withdrawal symptoms have occurred
following abrupt discontinuance.
Keep addiction-prone individuals
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and dependence. In pregnancy, lac-
tation or women of childbearing age,
weigh potential benefit against pos-
sible hazard.

Precautions: If combined with other
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consider carefully pharmacology of
agents employed. Usual precautions
indicated in patients severely de-
pressed, or with latent depression,
or with suicidal tendencies. Observe
usual precautions in impaired renal
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ataxia, constipation, headache, in-
continence, changes in salivation,
slurred speech, tremor, vertigo,
urinary retention, blurred vision.
Paradoxical reactions such as acute
hyperexcited states, anxiety, halluci-
nations, increased muscle spasticity,
insomnia, rage, sleep disturbances,
stimulation, have been reported;
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